

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration
Submitted
With Initial
Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number **1655-P3002-001**

First Named Inventor **Liang, Xuecheng**

COMPLETE IF KNOWN

Application Number **10/074,068**

Filing Date **February 12, 2002**

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A WEAR RESISTANT ALLOY CONTAINING RESIDUAL AUSTENITE FOR VALVE SEAT INSERT

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **02/12/02** as United States Application Number or PCT International

Application Number **10/074,068** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) Country | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|---|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒ Customer Number **23399** OR ☒ Correspondence address below

| | | | |
|---------|---|-----------|----------------|
| Name | Reising, Ethington, Barnes, Kisselle, Learman & McCulloch, PC | | |
| Address | PO Box 4390 | | |
| City | Troy | State | Michigan |
| ZIP | 48099-4390 | | |
| Country | US | Telephone | (248) 689-3500 |
| Fax | (248) 689-4071 | | |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR☐ A petition has been filed for this unsigned inventorGiven Name **Xuecheng**
(first and middle [if any])Family Name **Liang**
or SurnameInventor's
Signature*Xuecheng Liang*Date
4-3-2002Residence: City **Green Bay**State **WI**Country **USA**Citizenship **USA**Mailing Address **2980 Milkyway Court**

Mailing Address

City **Green Bay**State **WI**ZIP **54313**Country **USA****NAME OF SECOND INVENTOR**☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])Family Name
or SurnameInventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

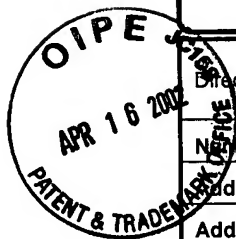
Mailing Address

City

State

ZIP

Country

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

| | |
|------------------------|-------------------|
| Application Number | 10/074,068 |
| Filing Date | February 12, 2002 |
| First Named Inventor | Liang, Xuecheng |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 1655-P3002-001 |

I hereby appoint:

☒ Practitioners at Customer Number

23399

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

Place Customer
Number Bar Code
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Place Customer
Number Bar Code
Label Here

☒ Firm or
Individual Name

Reising, Ethington, Barnes, Kisselle, Learman & McCulloch, P.C.

Address

PO Box 4390

Address

City

Troy

State

Michigan

ZIP

48099-4390

Country

US

Telephone

(248) 689-3500

Fax

(248) 689-4071

I am the:

☒ Applicant.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

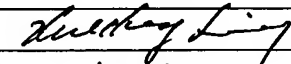
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Xuecheng Liang

Signature



Date

03/28/2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.